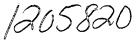
FORM D





FORM D

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D. **SECTION 4(6), AND/OR** UNIFORM LIMITED OFFERING EXEMPTION

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	OMB APPROVA

OMB Number:

3235-0076

Expires:

April 30, 2008

Estimated average burden hours per response..... 1

	<u> </u>						
SEC USE ONLY							
Prefix		Serial					
DA	TE RECE	IVED					
		1					

Name of Offering (check if this is an amendment and name has changed, and indicate change.)				
Series B Preference Stock				
Filing Under (Check box(es) that apply): ☐ Rule 504 ☐ Rule 505 ☒ Rule 506 ☐ Section 4(6) ☐	ULOE			
	(14400 1400 400 400 410 1410 1410 1411 1411 1411 1411 1411 1411 1411 1411 1411 1411 1411 1411 1411 1411 1411 1			
Type of Filing: ☑ New Filing ☐ Amendment				
A. BASIC IDENTIFICATION DATA				
Enter the information requested about the issuer	05071039			
Name of Issuer (check if this is an amendment and name has changed, and indicate change.)	0001,1000			
Array Networks, Inc.				
Address of Executive Offices (Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code)			
1371 McCarthy Blvd., Milpitas, CA 95035	408-240-8700			
1371 McCarthy Blvd., Milpitas, CA 95035 Address of Principal Business Operations (Number and Street, City, State, Zip Code) Telephone Number (Including Area Code)				
Address of Executive Offices (Number and Street, City, State, Zip Code) Address of Principal Business Operations (Including Area Code)				
Brief Description of Business	THU CESSED			
Development of enterprise class appliances	240			
Type of Business Organization	1 NUV 0 / 2005			
☑ corporation ☐ limited partnership, already formed ☐ other (please specify				
□ business trust □ limited partnership, to be formed	THOMSON			
	FINANCIAL			
Month Year	- 0V 4135			
Actual or Estimated Date of Incorporation or Organization: $\begin{bmatrix} 0 & 4 \end{bmatrix}$ $\begin{bmatrix} 0 & 0 \end{bmatrix}$	Actual			
* · · · · · · · · · · · · · · · · · · ·				
Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State:				
CN for Canada; FN for other foreign jurisdiction)	N			

GENERAL INSTRUCTIONS

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

> Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

SEC 1972 (6-02) 1 of 9



•		A. BASIC IDEN	TIFICATION DATA		
2. Enter the information rec	juested for the fol	llowing:			
• Each promoter of	the issuer, if the i	ssuer has been organized	d within the past five yes	ars;	
 Each beneficial ov securities of the is: 		ower to vote or dispose,	or direct the vote or dis	position of, 10%	or more of a class of equity
• Each executive of	ficer and director	of corporate issuers and	of corporate general an	d managing part	ners of partnership issuers; and
 Each general and i 	nanaging partner	of partnership issuers.			
Check Box(es) that Apply	☐ Promoter	☐ Beneficial Owner	☑ Executive Officer	⊠ Director	☐ General and/or Managing Partner
Full Name (Last name first, Zhao, Michael	if individual)				
Business or Residence Addr 1371 McCarthy Blvd., Milpi		d Street, City, State, Zip	Code)		
Check Box(es) that Apply	☐ Promoter	☐ Beneficial Owner	☑ Executive Officer	☑ Director	☐ General and/or Managing Partner
Full Name (Last name first, Chen, George	if individual)				
Business or Residence Addr 1371 McCarthy Blvd., Milpi		Street, City, State, Zip	Code)		
Check Box(es) that Apply	☐ Promoter	☐ Beneficial Owner	ĭ Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first, Hsu, Nai-Ting	if individual)				
Business or Residence Addr 1371 McCarthy Blvd., Milpi		Street, City, State, Zip	Code)		
Check Box(es) that Apply	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☑ Director	☐ General and/or Managing Partner
Full Name (Last name first, Shen, Robert	if individual)				
Business or Residence Addr 1371 McCarthy Blvd., Milpi		d Street, City, State, Zip	Code)		
Check Box(es) that Apply	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☑ Director	☐ General and/or Managing Partner
Full Name (Last name first, Fuller, William P.	if individual)				
Business or Residence Addr 1371 McCarthy Blvd., Milpi		d Street, City, State, Zip	Code)		
Check Box(es) that Apply	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☑ Director	☐ General and/or Managing Partner
Full Name (Last name first, Wang, Andrew C.	if individual)				
Business or Residence Addr 1371 McCarthy Blvd., Milpi		d Street, City, State, Zip	Code)		
Check Box(es) that Apply	☐ Promoter	☑ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first, Asia Pacific Growth Fund I					
Business or Residence Addr c/o H&Q AP California Inc					

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.) 2 of 9

A. BASIC IDENTIFICATION DATA 2. Enter the information requested for the following: Each promoter of the issuer, if the issuer has been organized within the past five years; Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer; Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and Each general and managing partner of partnership issuers. ☐ Executive Officer Check Box(es) that Apply ☐ Promoter ■ Beneficial Owner ☐ Director ☐ General and/or Managing Partner Full Name (Last name first, if individual) Vision Venture Capital Corporation Business or Residence Address (Number and Street, City, State, Zip Code) 6F, 106 Ho-Ping East Road, Section 2, Taipei, Taiwan, 106, Republic of China Check Box(es) that Apply ☐ Promoter ☑ Beneficial Owner ☐ Executive Officer ☐ Director ☐ General and/or Managing Partner Full Name (Last name first, if individual) Lu, Lawrence T. Business or Residence Address (Number and Street, City, State, Zip Code) 1371 McCarthy Blvd., Milpitas, CA 95035 ☑ Executive Officer ☐ Director ☐ Beneficial Owner ☐ General and/or Check Box(es) that Apply ☐ Promoter Managing Partner Full Name (Last name first, if individual) Greenway, James Business or Residence Address (Number and Street, City, State, Zip Code) 1371 McCarthy Blvd., Milpitas, CA 95035 □ Executive Officer □ Director Check Box(es) that Apply ☐ Promoter ☐ Beneficial Owner ☐ General and/or Managing Partner Full Name (Last name first, if individual) Stewart, Michael Business or Residence Address (Number and Street, City, State, Zip Code) 1371 McCarthy Blvd., Milpitas, CA 95035 Check Box(es) that Apply ☐ Promoter ☐ Beneficial Owner ☐ General and/or Managing Partner Full Name (Last name first, if individual) Panda, Bhanu Business or Residence Address (Number and Street, City, State, Zip Code) 1371 McCarthy Blvd., Milpitas, CA 95035 Check Box(es) that Apply ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☐ Director ☐ General and/or

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

☐ Executive Officer

☐ Director

☐ Beneficial Owner

Managing Partner

Managing Partner

☐ General and/or

Full Name (Last name first, if individual)

Full Name (Last name first, if individual)

Check Box(es) that Apply

Business or Residence Address (Number and Street, City, State, Zip Code)

☐ Promoter

Business or Residence Address (Number and Street, City, State, Zip Code)

	·				В. П	NFORM.	ATION A	BOUT O	FFERIN	 G				
						· · · · · · · · · · · · · · · · · · ·							Yes	No
1. H	as the iss	uer sold,	or does t	he issuer	intend to s	sell, to no	n-accredit	ed investo	rs in this	offering?.	•••••			\boxtimes
			Answe	r also in A	Appendix,	Column 2	2, if filing	under UL	OE.					
2. W	/hat is th	e minim	um invest	tment that	will be a	ccepted fr	om any in	dividual?					\$ <u>20,0</u>	000
													<u>Yes</u>	<u>No</u>
			•		•	_							X	
oi li: oi	r similar sted is an f the brol	remuner associat ker or de	ation for ted person aler. If r	solicitation n or agent	on of purc of a brok five (5) p	hasers in each ersons to	connection er register	n with sal ed with th	es of secu ie SEC an	rities in ti d/or with	ne offering a state or	ly, any commission g. If a person to be states, list the name or dealer, you may		
Full Nam	e (Last na	ame first,	if individ	lual)										
Business	or Reside	ence Add	ress (Nun	nber and S	treet, City,	State, Zip	Code)			· · · · · ·				
Name of	Associate	ed Broker	or Deale	r					<u>.</u>		, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,			· · · · · · · · · · · · · · · · · · ·
States in	Which Pe	erson List	ed Has So	olicited or	Intends to	Solicit Pu	rchasers		***		, , , ,			
(Check	c"All Sta	ites" or cl	neck indiv	idual Stat	es)		·····	•••••					□ A11	States
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]		
[IL] [MT]	[IL] [NE]	[IA] [NV]	[KS] [NH]	[KY] [NJ]	[LA] [NM]	[ME] [NY]	[MD] [NC]	[MA] [ND]	[MI] [OH]	[MN] [OK]	[MS] [OR]	[MO] [PA]		
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]		
Full Nam	e (Last n	ame first,	if individ	lual)						·				
Business	or Reside	ence Add	ress (Nun	iber and S	treet, City,	State, Zip	Code)	-						
Name of	Associate	ed Broker	or Deale	r										
States in	Which Pe	erson List	ed Has So	olicited or	Intends to	Solicit Pu	rchasers							
(Check	c"All Sta	ites" or cl	heck indiv	idual Stat	es)					•••			□ Ali	States
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]		
[IL]	[IL]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]		
[MT] [RI]	[NE] [SC]	[NV] [SD]	[NH] [TN]	[NJ] [TX]	[NM] [UT]	[NY] [VT]	[NC] [VA]	[ND] [WA]	[OH] [WV]	[OK] [WI]	[OR] [WY]	[PA] [PR]		
Full Nam	e (Last n	ame first,	, if individ	lual)						<u>.</u>				
Business	or Reside	ence Add	ress (Nun	nber and S	treet, City,	, State, Zip	Code)			 	-			_
			· · · · · · · · · · · · · · · · · · ·			•								
Name of	Associate	ed Broke	r or Deale	r										
States in	Which Pe	erson List	ted Has Se	olicited or	Intends to	Solicit Pu	rchasers							
(Checl	k "All Sta	ites" or cl	heck indiv	idual Stat	es)								□ All	States
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]		
[IL] [MT]	[IL] [NE]	[IA] [NV]	[KS] [NH]	[KY] [NJ]	[LA] [NM]	[ME] [NY]	[MD] [NC]	[MA] [ND]	[MI] [OH]	[MN] [OK]	[MS] [OR]	[MO] [PA]		
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]		

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

indicate in the columns below the amounts of the securities offered for exchange and already exchanged.				
Type of Security	Aggregate ffering Price		Am	ount Already Sold
Debt	\$ 		\$	
Equity	\$ 6,120,00	0.00	\$	6,120,000.00
☐ Common ☑ Preferred				
Convertible Securities (including warrants)	\$ 		\$	
Partnership Interests	\$ 		\$	
Other (Specify))	\$ 		\$	
Total	\$ 6,120,00	0.00	\$	6,120,000.00
Answer also in Appendix, Column 3, if filing under ULOE.				
2. Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."				
	Number Investors		Do	Aggregate Illar Amount f Purchases
Accredited Investors	 	10	\$	6,120,000.00
Non-accredited Investors	 		\$	
Total (for filings under Rule 504 only)	 		\$	
Answer also in Appendix, Column 4, if filing under ULOE.				
3. If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C – Question 1.				
Type of offering	Type of Security		Do	ollar Amount Sold
Rule 505	•		\$	
Regulation A	 			
Rule 504	 			
Total	 		\$	
4. a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.				
Transfer Agent's Fees	 	3	\$	
Printing and Engraving Costs	 Г		\$	
Legal Fees	 1	X	\$	40,000.00
Accounting Fees	 	_	\$	
Engineering Fees]	\$	
Sales Commissions (specify finders' fees separately)	 	3	\$	· · · · · · · · · · · · · · · · · · ·
Other Expenses (identify)	 		\$	
Total	 	-	\$	40,000.00

	C. OFFERING PRICE, NUMBE				EDS		
t	Enter the difference between the aggregate offering protal expenses furnished in response to Part C – Quest proceeds to the issuer."	tion 4.a. This difference is the "	adjuste	ed gross		\$(6,080,000.00
e t	ndicate below the amount of the adjusted gross proceed ach of the purposes shown. If the amount for any purp he box to the left of the estimate. The total of the proceeds to the issuer set forth in response to Part C - Qu	ose is not known, furnish an estin payments listed must equal the	nate an	d check			
				Payments to Officers, Directors & Affiliates		-	nents to thers
	Salaries and fees			\$	_ 🗅	\$	
	Purchase of real estate			\$	_ 🗆	\$	
	Purchase, rental or leasing and installation of machin	• • •		\$	_ 🗆	\$	
	Construction or leasing of plant buildings and facilities	es		\$	_ 🗆	\$	
	Acquisition of other businesses (including the value of offering that may be used in exchange for the assets of pursuant to a merger)	or securities of another issuer		\$		\$	
	Repayment of indebtedness			\$	_ 🗆	\$	
	Working capital			\$	_ 🗆	\$	6,080,000.00
	Other (specify):			\$	_ 🗆	\$	
				\$		\$	
	Column Totals			\$		\$ (5,080,000.00
	Total Payments Listed (column totals added)			□ \$_	6,080,		
	·	D. FEDERAL SIGNATURE					· · · · · · · · · · · · · · · · · · ·
ign	issuer has duly caused this notice to be signed by the ature constitutes an undertaking by the issuer to furnismation furnished by the issuer to any non-accredited in	undersigned duly authorized persh to the U.S. Securities and Exc	hange	Commission, upon			
	er (Print or Type) y Networks, Inc.	Signature	$\overline{\wedge}$	\nearrow	Date Octob	er, 200)5
	ne of Signer (Print or Type) hael Zhao	Title of Signer (Print of Type) President and Chief Executive C	officer				·····

ATTENTION

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)